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As a below named invent	or, I hereby	declare that:						
My residence, post office	address, an	d citizenship	are as stated below n	ext to my name.				
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			(Title of the Inventi-	on)				
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OR			_					
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT								
International Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.								
certificate or \$365(a) of any P	CT internation checking the be	al application wo ox, any foreign:	hich designed at least one application for patent or in	country other than the I	n application(s) for patent or inventor's Juited States of America, listed below and of any PCT international application having			
Prior Foreign		ntry	Foreign Filing Date	Priority Not	Copy Attached?			
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☐ Additional foreign ap	plication nu	ımbers are li	sted on a supplement	al priority sheet att	ached hereto:			
	it under Titl	e 35, United	States Code §119(e)	of any United Stat	es provisional application(s) listed			
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Interby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or §365(c) of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentiability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application PCT Parent Number Parent Filing Date (if applicable) Description PCT Parent Number Parent Filing Date Parent Patent Number (if applicable)	DECLARATION								
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Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Name	IIS Pare	nt Application	PCT Paren	t Numbe	ncation				
□ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Name Registration Number Registration Number Number □ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto. □ Please direct all correspondence to: Name Address Address Address City State Zip Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under \$1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: □ A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname KENNETH J SCHLAGER Inventor's Signature Date Citizenship USA POST OFFICE ADDRESS 12826 Elmwood Road			1 C 1 1 dich	t Ivalliov					
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Name									
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Name Registration Number Registration Number Registration Number □ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto. □ Please direct all correspondence to: Name Address Address City State Zip Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: □ A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname KENNETH J SCHLAGER Inventor's Signature Date RESIDENCE / City Elm Grove State Wi Country USA Citizenship USA POST OFFICE ADDRESS 12826 Elmwood Road	As a name	ed inventor, I her	eby appoint th	e follow	ing atto	rney(s) and/or a	agent(s) t	o prosecute this application and to transact
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□ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto. □ Please direct all correspondence to: Name Address Address City State Zip Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: □ A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname KENNETH J. SCHLAGER Inventor's Signature Date	1	valife	_				Name		
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Address City State Zip Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor:		direct all colles	ondence to.	Ivaille	!	-			
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Inventor's Signature Date RESIDENCE: City Elm Grove State WI Country USA Citizenship USA POST OFFICE ADDRESS 12826 Elmwood Road	Given Name (first and middle [if any]) Family Name or Surname								
Signature	KENNETH J. SCHLAGER A SCHLAGER								
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Additional inventors are being named on supplemental sheet(s) attached hereto.									

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Bicelectromagnetics, Inc.

(262)786-1491

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DECLARATION		Supplemental Sheet				
Name of Additional Joint Inventor, if an		☐ A petition	has bee	n filed for this unsigned inventor		
Given Name (first and middle [if:	my])	Family Name or Surname				
STEPHEN H.	10	GORS	KI			
Inventor's Signature Myly	4h		Date	Feb 12, 2002		
	tate WI	Country	USA	Citizenship USA		
POST OFFICE ADDRESS S65 W357	39 Piper Road					
City Eagle	State WI	Zip 5311	9	Country USA		